

## **Application Data Sheet** **Under 37 C.F.R. § 1.76**

### **Application Information**

Application number::

Filing Date::

Application Type:: Regular

Subject Matter:: Utility

Suggested classification::

Suggested Group Art Unit::

CD-ROM or CD-R?: None

Number of CD disks::

Number of copies of CDs::

Sequence submission?:

Computer Readable Form (CRF)?:

Number of copies of CRF::

Title :: GENERIC USER INTERFACE TESTING  
FRAMEWORK WITH LOAD-TIME LIBRARIES

Attorney Docket Number:: BEAS-01513US0

Request for Early Publication?:

Request for Non-Publication?:

Suggested Drawing Figure:: 3

Total Drawing Sheets:: 5

Small Entity?:

Latin name::

Variety denomination name::

Petition included?:

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:

## **Applicant Information**

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** China  
**Status::** Full Capacity

**Given Name::** Zhibin  
**Middle Name::**  
**Family Name::** Wang  
**Name Suffix::**  
**City of Residence::** Woburn  
**State or Province of Residence::** MA  
**Country of Residence::** US  
**Street of mailing address::** 2315 North First Street  
**City of mailing address::** San Jose  
**State or Province of mailing address::** CA  
**Country of mailing address::** US  
**Postal or Zip Code of mailing address::** 95131

**Applicant Authority Type::** Inventor  
**Primary Citizenship Country::** US  
**Status::** Full Capacity

**Given Name::** Dan  
**Middle Name::**  
**Family Name::** Seeman  
**Name Suffix::**  
**City of Residence::** Novato  
**State or Province of Residence::** CA  
**Country of Residence::** US  
**Street of mailing address::** 235 Montgomery Street  
**City of mailing address::** San Francisco

State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94111

## Correspondence Information

Correspondence Customer Number :: 23910

Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

Phone number:: 415-362-3800  
Fax Number: 415-362-2928  
E-Mail address:: [officeactions@fdml.com](mailto:officeactions@fdml.com)

## Representative Information

Representative Customer Number::	23910	
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## Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	An application claiming the benefit under 35 U.S.C. 119(e)		

## Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

## Assignee Information

Assignee name::	BEA SYSTEMS, INC.
Street of mailing address::	2315 North First Street
City of mailing address::	San Jose
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	95131